



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

ONE WINTER STREET, BOSTON, MA 02108 617-292-5500

MITT ROMNEY
Governor

KERRY HEALEY
Lieutenant Governor

ELLEN ROY HERZFELDER
Secretary

ROBERT W. GOLLEDGE, Jr.
Commissioner

December 16, 2003

2003 PUBLIC WATER SYSTEM ANNUAL STATISTICAL REPORT
FOR COMMUNITY (COM) PUBLIC WATER SYSTEMS AND NON-TRANSIENT
NON-COMMUNITY (NTNC) PUBLIC WATER SYSTEMS

Dear Public Water Supplier:

Enclosed is your 2003 Public Water System Annual Statistical Report form and Comprehensive Report with Violation Addendum and/or Open Enforcement/Inspection Actions Report. Not all systems will receive a Violation Addendum or an Open Enforcement/Inspection Actions Report. These forms must be completed and postmarked by **February 29, 2004**. You are required to submit this report annually.

Please read the instructions on the reverse side carefully before completing these forms.

By completing and returning the Annual Statistical Report Form and corrected Comprehensive Report to the Department by February 29, 2004, you will have fulfilled your annual reporting requirements as a registered Public Water System, in accordance with Massachusetts Drinking Water Regulations 310 CMR 22.15. Prompt and accurate submittals also assist DEP in planning and implementing its drinking water programs and establishing your Safe Drinking Water Act Assessment. If you fail to complete and return these forms, you will be subject to enforcement action.

Thank you for working with the Drinking Water Program to protect Massachusetts' drinking water. This report form is now available in two formats from DEP's web site. Go to <http://www.mass.gov/dep/brp/dws/dwsforms.htm> and then click 'Statistical Reporting.' The pdf file can be downloaded, manually completed and returned by mail to DEP. The Microsoft Word file can be downloaded, completed on a computer, printed, signed and returned by mail to DEP. If you have any questions, comments or suggestions about these forms, please contact Mr. Mark T. Bolivar at (617) 292-5527 or the Drinking Water Program's Water Quality Assurance Section at (617) 292-5770.

Very Truly Yours,

David Y. Terry, Program Director
Drinking Water Program

Attachments: Annual Statistical Report and Attachments
Comprehensive Report with Violation Addendum and Open Enforcement/Inspection
Actions Report

This information is available in alternate format by calling our ADA Coordinator at (617) 574-6872.

DEP on the World Wide Web: <http://www.mass.gov/dep>

Printed on Recycled Paper

Directions for Completing the 2003 Statistical Report

1. Review the Public Water System Comprehensive Report with Violation Addendum (if attached). Make corrections directly on this report. If possible highlight the corrections. When you make a change directly on the Comprehensive Report, you do not need to duplicate that same information on this year's statistical report form. Simply write "SA", (see attached), for those questions. Review the Open Enforcement/Inspection Actions Report and contact your regional technical assistance provider listed below to correct or resolve any issues.
2. Complete the 2003 Public Water System Annual Statistical Report form. Some questions have an option to check "No Change". This should only be checked if your answer is the same as that on the Public Water System Comprehensive Report. Do not leave any questions blank. The spaces provided should be completed in full, marked "SA" (see attached) or have No Change checked.
3. Include your public water system identification number (PWS ID#) on all forms. Your PWS ID# is the seven-digit number that appears on the mailing label. Please remember to enter your Federal Employment Identification Number at Section B, Question 8.
4. Sign the certification statement in Section A of the Public Water System Annual Statistical Report. Remember to keep one copy of this package for your own files.
5. Return to DEP by **February 29, 2004** (must be postmarked by this date):
 - **Two copies of the Statistical Report.** One of the copies of the statistical report must have an original signature, and
 - **Two copies of the Comprehensive Report with Violation Addendum and Open Enforcement/Inspection Actions Report.** (if attached)
 - **Two copies of a current Cross-Connection device inventory list**
6. Mail copies to:

Department of Environmental Protection
 Drinking Water Program, Attn: WQTS/STATS
 One Winter Street, 6th Floor
 Boston, MA 02108

If you need help understanding the type of data requested, please contact your regional technical assistance provider:

If your PWS ID# begins with a number one (1) call the Western Regional Office (Springfield):

Mike McGrath.....(413) 755-2202 or Daniel Laprade.....(413) 755-2289

If your PWS ID# begins with a number two (2) call the Central Regional Office (Worcester)

Paul Anderson.....(508) 767-2802 or Kelly Momberger..... (508) 849-4023

If your PWS ID# begins with a number three (3) call the Northeast Regional Office (Boston)

William Zahoruiko.....(617) 654-6539 or Hilary Jean.....(617) 654-6532

If your PWS ID# begins with a number four (4) call the Southeast Regional Office (Lakeville)

Scott Lussier(508) 946-2732 or Daniel DiSalvio.....(508) 946-2793

Directions for Completing the Electronic Version of the Form

1. The form requires an IBM compatible computer and Microsoft Word97 or more recent version. If you do not have an IBM compatible computer and Microsoft Word97 or higher, please use the paper version of the form or the pdf version of the form on DEP's web site. Both the electronic version of the form and the pdf version of the form can be downloaded at <http://www.mass.gov/dep/brp/dws/dwsforms.htm> under 'Statistical Reporting.'
2. Improve the look of the form by ensuring the gridlines in Microsoft Word are turned off. To turn off the gridlines, open Word, go to the Table menu, and click on Hide Gridlines.
3. To navigate through the form or move from question to question:
 - Forward: Use the tab key or the right arrow key.
 - Backward: Hold down the shift key and the tab key at the same time or use the back arrow key.
 - Reposition: Use the mouse to point and click. If the enter key is pressed, you will need to press the backspace key to return to the visible field you were typing in.

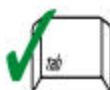


Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Drinking Water Program
2003 Public Water Supply Annual Statistical Report
 For Community/NTNC Public Water Systems -Reporting Period 1/1/2003 – 12/31/2003

<u>COMMUNITY/NTNC</u>	
PWSID#:	
Name:	
City/Town:	

A Certification

Please use the tab key to move forward.



If you press the enter or return key, please press the backspace key until the form returns to normal.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am authorized to fill out these forms, and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief. I also certify that the cross connections, if any, listed as a part of Section C comply with the Department's Regulations under 310 CMR 22.22.

Name of Certifying Person	Title
Phone Number	Fax Number
Signature of Certifying Person	Date (mm/dd/yyyy: please type in the slash in between month, date, and year.)

B Public Water Supply Information

- Please review and correct the information shown on your Comprehensive Report. The Comprehensive Report was enclosed with the mailed copy of this form.
- Please review the Treatment Plant and the Treatment section of each source on the Comprehensive Report. Note that the physical address of the treatment plant is required. Failure to provide this address will result in this form being considered incomplete and enforcement action may be taken.
- Physical addresses on the Comprehensive Report must not contain PO Boxes.

- ☐ Check this box if there are no changes to your Comprehensive Report
☐ Check this box if you made changes to your Comprehensive Report

1. Public Water System: (This address must be for the party legally responsible for regulatory compliance.) ☐ No Change

PWS mailing address		
City/Town	State (please use 2 letter abbreviation)	Zip Code
Phone Number	Fax Number (if available)	
http://		
Web Site Address of PWS (if available)		

2. Owner Information:

Owner's Name (if not municipal):

3. Primary Contact: ☐ No Change

Name	Phone Number
Email Address (For Emergency Purposes)	

If the mailing address is different from the one shown on the Comprehensive Report (enclosed with the mailing of this form) please fill in the mailing address.



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Name:	
City/Town:	

B Public Water Supply Information (cont.)

4. Certified Drinking Water Operator employed by the PWS:* ☐ No Change

Attach a list of all additional facility operators and corresponding license numbers

Primary Certified Operator – Distribution: Name	Grade	License Number
Secondary Certified Operator – Distribution: Name	Grade	License Number
Secondary Certified Operator – Distribution: Name	Grade	License Number
Secondary Certified Operator – Distribution: Name	Grade	License Number
Primary Certified Operator – Treatment: Name	Grade	License Number
Secondary Certified Operator – Treatment: Name	Grade	License Number
Secondary Certified Operator – Treatment: Name	Grade	License Number
Secondary Certified Operator – Treatment: Name	Grade	License Number

Status: OIT ☐ Full ☐

Status: OIT ☐ Full ☐

Status: OIT ☐ Full ☐

Status: OIT ☐ Full ☐

Status: OIT ☐ Full ☐

Status: OIT ☐ Full ☐

Status: OIT ☐ Full ☐

Status: OIT ☐ Full ☐

* Note: you must have certified operators in accordance with 310 CMR 22.11B

5. Primary Certified Operator Contact Information:

Name	Phone Number
Mailing Address	Town/City State Zip Code

6. If you use a contract certified operator, does your system have a signed Public Water System Certified Operator Compliance Notice approved by the DEP? ☐ Yes ☐ No

7. Names of Water Commissioners/Selectmen/Trustees/Association Board Members (if applicable). Please attach an organizational chart, if available.

Attach a list of all additional staff to be contacted in the event of an emergency

Name of Chairman	Phone Number	Title
Name	Phone Number	Title
Name	Phone Number	Title

8. Federal Employment Identification Number (FEIN):

9. Is this system a not-for-profit organization? ☐ Yes ☐ No
 If yes, indicate Tax Exempt code (e.g., 501C):

10. Population Served (Daily Average): ☐ No Change

Winter Population (October – March):

Summer Population (April – September):

By what method was the population figured?

Census Type: ☐ City/Town Annual ☐ Federal (10 year)
 Other Method:



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Name:	
City/Town:	

B Public Water Supply Information (cont.)

11. Distribution Meter information:

- a. Percentage of distribution system metered: _____ %
- b. Are all publicly owned buildings metered? ☐ Yes ☐ No
- c. If No, what percent are? _____ %

12. System Information: ☐ No Change

- a. Number of Service Connections: _____
- b. Percentage of water obtained from the following sources (Total =100%):
- | _____ % | _____ % | _____ % | _____ % |
|--------------|---------------|------------------|-------------------|
| Ground Water | Surface Water | Purchased Ground | Purchased Surface |
- c. Finished Water Storage Capacity in Million Gallons (MG): _____
 [Conversion factor is (# of gallons)/(1,000,000)= MG]

13. Leak Detection:

- a. Did your system perform a leak detection survey last year? ☐ Yes ☐ No
- b. If Yes, what percentage of your system was surveyed last year? _____ %
- c. If No, when was the date of your most recent survey? _____

14. Emergency Response Plan (ERP):

Do you have an Emergency Response Plan?

☐ Yes ☐ No

DO NOT submit your ERP to DEP. The DEP will review the ERP during your next sanitary survey.

15. Emergency Directory Update:

Please submit an updated Emergency Response Plan Directory with this Annual Statistical Report.
 (Attachment 1 – “Emergency Response Plan Directory” is enclosed with this form.)

16. Do you have an antenna or other appurtenance (not needed for drinking water purposes) attached to your storage tank(s)?

☐ Yes ☐ No

If Yes, List antennae or other appurtenances, owner(s) names, and the date approved by your

Antennae or Appurtenances	Owner Name	Date (mm/dd/yyyy)
Antennae or Appurtenances	Owner Name	Date (mm/dd/yyyy)
Antennae or Appurtenances	Owner Name	Date (mm/dd/yyyy)



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Name:	
City/Town:	

C Cross Connection Control Program

1. Cross Connection Control Coordinator:

Name	Phone Number
------	--------------

A list of certified surveyors is attached to the mailed version of this form.

2. Cross-Connection Surveyor responsible for review and approval of design data sheets and plans for proposed new installations of reduced pressure backflow preventers (RPBPs), double check valve assemblies (DCVAs), and air gap separations with tank and pump arrangements in accordance with 310 CMR 22.22(4)(b):

Name	MA Cert. #	Phone Number
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Mailing Address (if different from water system)

3. Are there any cross connections in your service area protected by RPBPs or DCVAs? Yes ☐ No ☐

If Yes, provide a list of the RPBPs or DCVAs that meet the Department's definition of a cross connection and comply with regulations under 310 CMR 22.22. The list must include Facility Name, Address, Type of Device, and Cross Connection Identification Number. **This information is required, failure to submit a list constitutes a violation of 310 CMR 22.22 and may cause the department to take enforcement action against the system.**

4. Does your water system **review and approve** design data sheets and plans for proposed new installations of RPBPs, DCVAs, and air gap separations with tank and pump arrangements in accordance with 310 CMR 22.22(4)(b)? ☐ Yes ☐ No
5. Does your water system ensure, upon completion of installation, that backflow prevention devices are **installed according to the approved design data sheets and plans and are tested** for proper operation in accordance with 310 CMR 22.22(4)(b)? ☐ Yes ☐ No
6. Have all commercial, industrial, institutional and municipal owned facilities in your service areas been surveyed for cross-connections? ☐ Yes ☐ No

If No, when will the surveys be completed? _____

(mm/dd/yyyy)

7. What is the total number of facilities served by your PWS in the following categories?

Industrial _____ Commercial _____ Institutional _____ Municipal _____

8. Of the total number of facilities you surveyed last year how many were:

Industrial _____ Commercial _____ Institutional _____ Municipal _____

9. How many violations did you find last year? _____

10. What is the total number of RPBPs registered within your water system? _____

11. What is the total number of RPBPs installed last year? _____

12. What is the total number of DCVAs registered within your water system? _____

13. What is the total number of DCVAs installed last year? _____



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Name:		
City/Town:		

C Cross Connection Control Program (cont.)

14. Are all testable backflow preventers inspected and tested in accordance with 310 CMR 22.22 (14)?

☐ Yes ☐ No

15. Number of RPBPs tested last year: _____

16. Number of RPBPs re-tested last year: _____

17. Number of DCVAs tested last year: _____

18. Number of DCVAs re-tested last year: _____

19. What is the maximum time taken to protect a cross connection after the discovery of a violation?

Check one. ☐ 14 days ☐ 30 days ☐ 90 days ☐ Greater than 90 days

20. Do you have an active educational program directed toward residential users? ☐ Yes ☐ No

21. Do you have an active educational program for targeted users (ex. Industrial, Commercial, Institutional and Municipal)? ☐ Yes ☐ No

If Yes, please list the types of users: _____

22. Did your system use the services of a third party/consultant to perform tests and or surveys last year?

☐ Yes ☐ No If Yes, please provide:

Attach a
separate
sheet if
necessary.

Name of the MA Certified Surveyor &/or Tester	DEP Certification ID #	Expiration Date
Name of the MA Certified Surveyor &/or Tester	DEP Certification ID #	Expiration Date

Attach a
separate
sheet if
necessary.

23. Has there been an occurrence of backflow of water into your water system this year? ☐ Yes ☐ No

If Yes, please provide information below:

Date & Time (mm/dd/yyyy hh:mm am/pm)	Location
Date & Time (mm/dd/yyyy hh:mm am/pm)	Location

Brief description

Date & Time (mm/dd/yyyy hh:mm am/pm)	Location
Date & Time (mm/dd/yyyy hh:mm am/pm)	Location

Brief description

24. Does your system have a hose bib program for your customers? Yes ☐ No ☐

If No, do you plan to institute one in the future? Yes ☐ No ☐



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Name:	
City/Town:	

D Water Production & Consumption Information

1. Water Production and Consumption Summary for Last Year (2003):

[Conversion factor is (# cubic feet)(7.481) = (# of gallons)]

As of 12/31/2001 all systems were required to comply with 310 CMR 22.04(6). Which requires all PWSs to be metered.

Month	(1) Amount pumped from own sources <input type="checkbox"/> Raw or <input type="checkbox"/> Finished	(2) Amount purchased from other systems*	(3) Amount sold to other systems**	Net Water Consumption (1) + (2) – (3) = Net
Withdrawal Units (check one)	<input type="checkbox"/> : gallons (GAL) or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
TOTAL				

Maximum Daily Consumption:

☐ : GAL OR ☐ MG

Volume

Date (mm/dd/yyyy)

* If purchasing water, list the systems you purchase from, use the same units as above.

Name(s)	PWS ID #	Total Amount for Last Year
Name(s)	PWS ID #	Total Amount for Last Year

** If selling water, list the systems you sell to, use the same units as above.

Name(s)	PWS ID #	Total Amount for Last Year
Name(s)	PWS ID #	Total Amount for Last Year

2. Consumption by service type:

Please breakdown the consumption of your system into the percent used in each service type that are applicable.

Residential		Semi-residential	
a. Residential Area	%	a. School	%
b. Mobile Home Park	%	b. Institution	%
c. Other Residential Area	%	c. Medical Facility	%
		d. Industrial/Agricultural	%
		e. Day Care Center	%
		f. Other Semi-residential Area	%
Transient		Other	
a. Recreational Area	%	a. Vending Machine	%
b. Service Station	%	b. Bottled Water Company	%
c. Summer Camp	%	c. Commercial	%
d. Restaurant	%	d. Interstate Carrier	%
e. Highway Rest Area	%	e. Wholesaler (Sells Water)	%
f. Hotel/Motel	%	f. Other Area	%
g. Other Transient Area	%		



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Name:	
City/Town:	

E Individual Source Statistics

If you have more than four sources or withdrawal points, please use an extra Section E from the DEP web page or make photocopies of this page.

Please provide data in the adjacent table for all of your sources (Active, Emergency, Inactive, or Abandoned).

Source Name				
Source ID #				
Source Watershed				
Source Availability* (check one)	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned
Date of Meter Installation	(mm/dd/yyyy) OR <input type="checkbox"/> no meter	(mm/dd/yyyy) OR <input type="checkbox"/> no meter	(mm/dd/yyyy) OR <input type="checkbox"/> no meter	(mm/dd/yyyy) OR <input type="checkbox"/> no meter
Date Last Meter Calibration for this Source	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Withdrawal Units (check one)	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG
Type of water metered for source	<input type="checkbox"/> Raw or <input type="checkbox"/> Finished	<input type="checkbox"/> Raw or <input type="checkbox"/> Finished	<input type="checkbox"/> Raw or <input type="checkbox"/> Finished	<input type="checkbox"/> Raw or <input type="checkbox"/> Finished
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total Amount Pumped				
Total # of Days Pumped **				
Max. Amount Pumped in a Single Day				
Date Max. Amount Pumped	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)

* The source availability codes are the same as last year's. The following definitions still apply:

Active Source (Formerly: Permanent, Backup, Seasonal, Provisional, Interim) means an approved source(s), monitored and maintained to meet 310 CMR 22.00 and used for primary or backup purposes to meet consumer demand as necessary.

Inactive Source (Other, contaminated) means an approved source(s), which is expected to be off-line for at least one year (12 months). A source may be deemed inactive only upon written approval of the Department. An inactive source may not return to active status without written approval from the Department.

Emergency Source (No change from previous) means any source of water used to supplement or temporarily replace a public water system's active or inactive source(s) when water of sufficient quality or quantity is not available. An emergency source may be placed on-line only after the Department's approval pursuant to a declaration of a state of water emergency under M.G.L. c. 1G § 15-17 or as a requirement of a Department administrative order.

Abandoned Source (Formerly: Other) means a source that is physically disconnected from a public water system and is no longer maintained as an active, inactive, or emergency source. Abandoned source(s) can not be used as a public water supply source. A source may only be abandoned pursuant to 310 CMR 22.25.

** Total number of days that a source was used during the year.



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<u>COMMUNITY/NTNC</u>	
PWSID#:	
Name:	
City/Town:	

F Water Management Act Program

If you have any questions or pump 100,000 gallons a day or greater and are not registered or permitted please contact the Water Management Act Program (Pat Rogers) at 617-292-5658.

The following Section must be completed by those systems that have a Water Management Act program permit, registration or pump 100,000 gallons a day or greater. If this doesn't apply to your system please skip Section F.

1. Authorized Withdrawals:

Please fill in the appropriate columns from your Water Management program registration or permit for each watershed. Calculate the Annual Average Pumped for each watershed by taking the sum of the total Amount Pumped (raw water) from Section E for all sources in each watershed and dividing it by 365 days.

Watershed Name.	Registered Amount (R)	Permitted Amount (P)	Totals (R+P)	Annual Avg. Pumped	Watershed Difference *
Totals:					

* Watershed Difference = (R + P) – the Annual Ave. Pumped (over (+) or under (-) permitted amount)

2. Water Conservation:

- A. Were water conservation tips or water saving messages sent out with bills or as a separate mailing to customers? ☐ Yes ☐ No
- B. Does your system or community have a bylaw ordinance to implement mandatory outside water use restrictions? ☐ Yes ☐ No
- C. If Yes, did you implement these restrictions last year? ☐ Yes ☐ No
 If Yes, list all periods _____
 Were restrictions Voluntary, Mandatory or both? _____
- D. Do you calibrate your venturi meters and master meters bi-annually in accordance with AWWA specifications? ☐ Yes ☐ No

3. Residential Gallons per Capita Day – Calculations for the Water System

To obtain Residential Gallons per Capita Day for residential use - divide the Total Metered Residential Volume by 365 days, and then divide that number by your Population Served (Section B Q.10) if the entire community is provided water from your system or divide it by the number of residential accounts that has been multiplied by 2.5. (2.5 is the DEP standardized number of users per household.)

Total Metered Res. Vol. (MG)	Population Served	Households X 2.5	Gallons per Capita Day

4. Unaccounted for Water (UAW):

Unaccounted for water is defined by the Massachusetts Water Resources Commission as the percent difference between water pumped and/or purchased and water that is metered or confidently estimated. Unaccounted for water includes master meter inaccuracies, domestic and non-domestic meter under-registration, unauthorized hydrant openings, piping leakage, illegal connections, stand-pipe overflows and data processing errors.

Unaccounted for Water (UAW) _____ MG _____ (%)



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COMMUNITY/NTNC

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Name:

City/Town:

F Water Management Act Program (Cont.)

5. Unaccounted for Water Breakdown.

Please indicate in the table below the possible reason(s) for your UAW and the estimated percent of unaccounted for water for each cause and planned corrective actions.

Cause	% Unaccounted	Corrective Actions Planned**
Leaks		
Meter Calibration		
Other		

** Corrective Actions include: annual master meter calibration, bi-annual venture calibration, escalated meter replacement program, distribution system leak survey, detailed water audits.

6. Backwash Information: (For Water Treatment Facilities only) Please provide annual gallonage

Please attach additional sheets if necessary.

Treatment Plant Name:			
Treatment Plant ID#:			
Watershed:			
Total raw in (MG):			
Water Recycled (MG):	Filter Backwash:		
	Filter to Waste:		
	Thick Supernatant:		
	Other:		
Water Disposed (MG):	Sewer:		
	Lagoons:		
	Other:		
Total Finished (MG):			

7. Permit information: If applicable please review your WMA permit, address the listed conditions and provide a brief update on the status of the requirement. (If you have more than one permit, please use a photocopy of this blank page.)

Permit Number: _____

Watershed: _____

	Type of Condition	Date of Approved Plan	Was Monitoring Conducted this year?	Date that report or update was sent to DEP regional office.
a.	Steam Flow			
b.	Wetlands			
c.	Other:			
d.	Water Conservation			
e.	Enhanced Water Conservation:			

f. Public outreach: Please provide a description of your efforts to educate the public in conserving water.

g. Provide percentage of distribution system that has been surveyed for leaks this past year _____ %

h. Other: _____



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Name:	
City/Town:	

G Watershed/Ground Water Inspection Report

Please fill out one Section G form for each water source. For an extra Section G, please go to the DEP web page or make copies of this page as necessary.

Completion and filing of this report meets the requirements of the Drinking Water Regulations of Massachusetts 310 CMR 22.21(4) for ground water systems and 310 CMR 22.20A(2)(b) 5.e. and 5.f. for surface water systems.

Source Name	Source ID Number
-------------	------------------

For the ground or surface source listed:

1. Is the Zone II or Zone A protected by any of the following local measures? (check all that apply)

☐ Water supply protection bylaw/ordinance

Year Adopted or Amended _____

☐ Water supply protection board of health regulation

Year Adopted or Amended _____

☐ Wellhead or Surface water protection plan

Year _____

2. During your inspections of the water supply protection areas did you identify any new land uses or activities that pose a threat to drinking water quality? ☐ Yes ☐ No

If Yes, please describe: _____

3. Did you identify any violations of state or local use controls last year? ☐ Yes ☐ No

If Yes, did you report those violations to the local inspector of buildings, building commissioner, local board of health or department of health? ☐ Yes ☐ No

If Yes, please describe violations and resolutions: _____

4. If this is a groundwater source, is the Zone I entirely owned and/or controlled by the water supplier? ☐ Yes ☐ No

If No, please describe Zone I land use(s): _____

5. Do you have a Watershed or Wellhead Protection Committee? ☐ Yes ☐ No

If Yes, list what organizations the committee member represent? (i.e. citizen's groups, local government, business groups, etc.)



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COMMUNITY/NTNC	
PWSID#:	
Name:	
City/Town:	

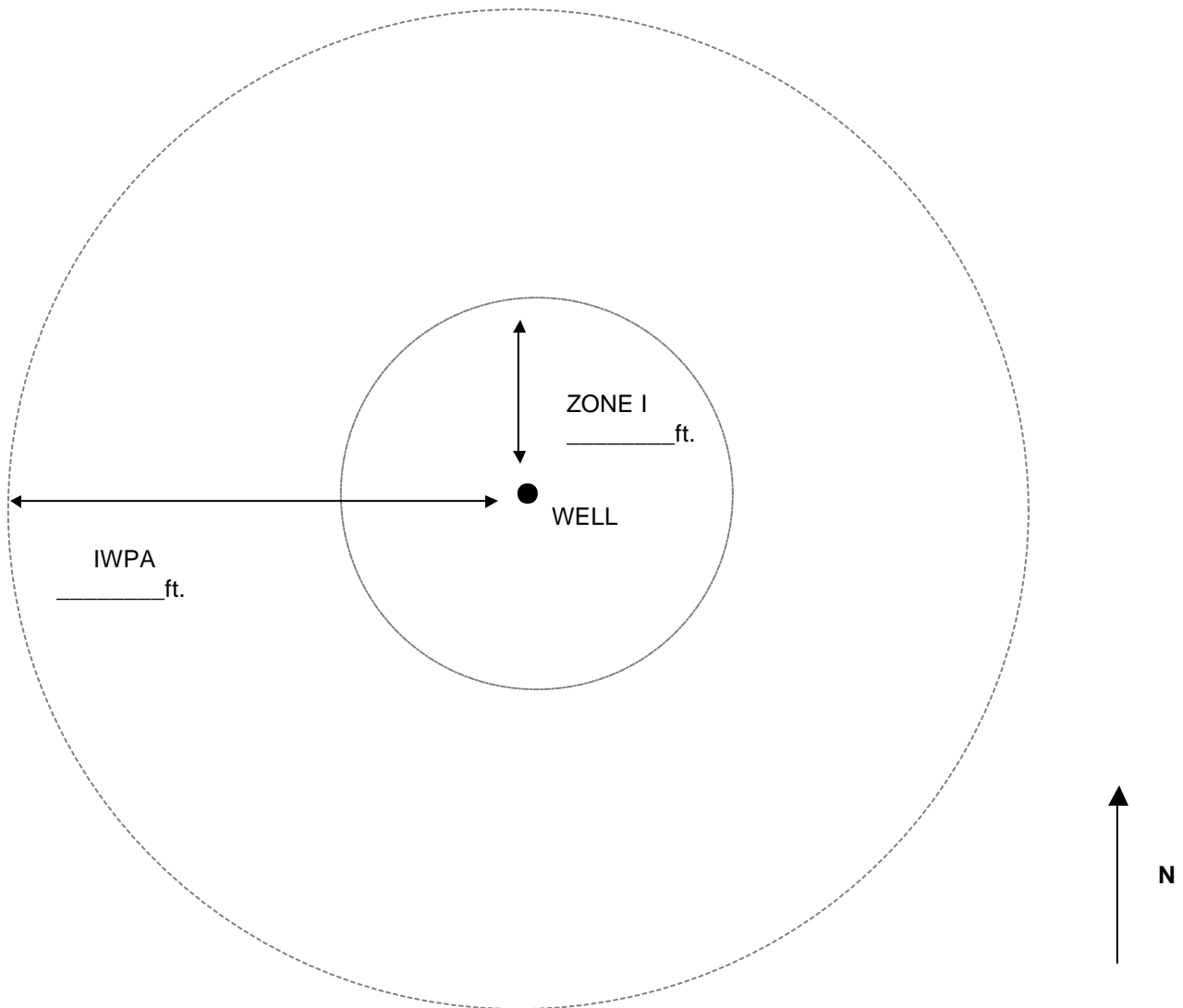
H Wellhead Facility Land Use/Activities Map

For each well, please create below or attach a detailed sketch of the wellhead area, including the location of the land uses and provide the distances (in ft) from the well

A. Label each well with the Source ID

B. Label all structures and activities listed in the legend, adding to the legend as necessary.

Please clearly label all noted objects and provide a legend.



LEGEND (use these symbols and specify others as needed):

S = Septic System

**U = Underground Storage
Tank (specify fuel type)**

**A = Above Ground Storage
Tank (specify fuel type)**

R = Roads and Highways

P = Parking Areas

Ag = Agriculture

**H = Storage or Use of
Hazardous materials**

_____	=	_____
_____	=	_____
_____	=	_____
_____	=	_____



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COMMUNITY/NTNC

PWSID#:

Name:

City/Town:

Attachment 1 - Emergency Response Plan Directory

1 Local Authorities

Please complete all items of this form, return 2 copies to the DEP Drinking Water Program's Boston Office with your Annual Statistical Report, and keep a copy in an accessible location along with the rest of your emergency response information. Please keep this information up to date.

a. Fire Department:

Name	Title	Phone
Fax	Email	

b. Police Department:

Name	Title	Phone
Fax	Email	

c. Health Department:

Name	Title	Phone
Fax	Email	

d. Town Official(s)/Elected Official(s):

Name	Title	Phone
Fax	Email	

Name	Title	Phone
Fax	Email	

Name	Title	Phone
Fax	Email	

Name	Title	Phone
Fax	Email	

2 Water Supply Responsible Authorities

a. Superintendent:

Name	Work Phone	Home Phone
Fax	Email	

b. Assistant Superintendent:

Name	Work Phone	Home Phone
Fax	Email	



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Name:

City/Town:

2 Water Supply Responsible Authorities (cont.)

c. Primary Certified Operator:

Name	Work Phone	Home Phone
Fax	Email	

d. Secondary Certified Operator:

Name	Work Phone	Home Phone
Fax	Email	

3 Local News Media

a. Newspaper(s):

Name	Phone
Fax	Email
Name	Phone
Fax	Email

b. Radio Station(s):

Name	Phone
Fax	Email
Name	Phone
Fax	Email

c. Television Station(s):

Name	Phone
Fax	Email
Name	Phone
Fax	Email

d. Other Media (e.g. Short-wave Radio Operator(s))

Name	Phone
Fax	Email
Name	Phone
Fax	Email



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PWSID#:

Name:

City/Town:

4 Contact or Notify

Examples of
Special
Users are
hospitals,
nursing
homes, and
prisons.

a. Specials User(s):

Name Email Phone

Address Fax

Name Email Phone

Address Fax

b. Waterworks Contractor(s):

Name Email Phone

Address Fax

Name Email Phone

Address Fax

c. Hazardous/Toxic Clean-up Contractor(s):

Name Email Phone

Address

Name Email Phone

Address Fax

d. Replacement (rental/purchase)/Repair Supplier(s):

Name Email Phone

Address

Name Email Phone

Address Fax